

APPLICATION DATA SHEET**Application Information**

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|---------------------------------|---|
| Application Type: | National Phase |
| Subject Matter: | Utility |
| Suggested Classification: | |
| Suggested Group Art Unit: | |
| CD-ROM or CD-R?: | None |
| Number of CD disks: | |
| Number of copies of CDs: | |
| Sequence submission?: | |
| Computer Readable Form (CRF): | |
| Number of copies of CRF: | |
| Title: | USE OF BH4 FOR THE TREATMENT OF RESPIRATORY DISEASES |
| Attorney Docket Number: | 27319U |
| Request for Early Publication?: | No |
| Request for Non-Publication?: | No |
| Suggest Drawing Figure: | |
| Total Drawing Sheets: | 4 |
| Small Entity?: | No |
| Latin name: | |
| Variety denomination name: | |
| Petition included?: | No |
| Petition Type: | |
| Licensed U.S. Govt. Agency: | |
| Contract or Grant Numbers: | |
| Secrecy Order in Parent Appl.?: | |

Applicant Information (1)

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|---------------------------------|---------------|
| Applicant Authority type: | Inventor |
| Primary Citizenship Country: | DE |
| Status: | Full Capacity |
| Given Name: | Christian |
| Middle Name: | |
| Family Name: | HESSLINGER |
| Name Suffix: | |
| City of Residence: | Zoznegg |
| State or Province of Residence: | |

Country of Residence: DE
Street of Mailing address: Untere Haldenäcker 6,
City of mailing address: Zoznegg
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78357

Applicant Information (2)

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Wolf-Ruediger
Middle Name:
Family Name: ULRICH
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Alpenstr. 2,
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78464

Applicant Information (3)

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Christian
Middle Name:
Family Name: SCHUDT
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Schuetzenstrasse 20,
City of mailing address: Konstanz
State/Province of mailing address:

Country of mailing address: DE
Postal Code of mailing address: 78462

Representative Information

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| Representative Customer Number: | 034375 |
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Domestic Priority Information

| Application: | Continuity Type: | Parent Application: | Parent Filing Date: |
|--------------|------------------|---------------------|---------------------|
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| | | | |

Foreign Priority Information

| Country: | Application number: | Filing Date: | Priority Claimed: |
|----------|---------------------|------------------|-------------------|
| EP | 03024844.7 | October 31, 2003 | Yes |
| | | | |

Assignee Information

Assignee name: Altana Pharma AG
Street of mailing address: Byk-Gulden-Str. 2
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78467